

Diamond Resourcing Plc

Better Healthcare Services (Ipswich)

Inspection report

38 Westgate Street

Ipswich

Suffolk

IP1 3ED

Tel: 01473 232999

Website: www.betterhealthcare.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Better Healthcare Services (Ipswich) provides personal care support to people living in their own homes. When we inspected on 2 March 2015 there were 30 people using the domiciliary care service. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service. Care workers had good relationships with people who used the service.

Where people required assistance with their dietary needs there were systems in place to provide this support

safely. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Care workers understood how to recognise abuse or potential abuse and how to respond and report these concerns.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good



Is the service effective?

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Where required, people were supported to maintain a healthy and balanced diet.

Good



Is the service caring?

The service was caring.

People's privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good



Better Healthcare Services (Ipswich)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was undertaken by one inspector.

We reviewed information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with three people who used the service and four relatives on the telephone.

We looked at records in relation to seven people's care. We spoke with the registered manager, a member of the office staff and four care workers. We looked at records relating to the management of the service, care worker recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People we spoke with confirmed that they felt safe with their care workers. One person said, “I feel safe enough.”

Care workers told us that they had been provided with training in safeguarding people from abuse, which was confirmed in records. Care workers understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. Discussions with the registered manager and records showed that where there had been concerns and safeguarding issues raised about the care provided action was taken to reduce the risks of issues happening again.

People’s care records included risk assessments and guidance for care workers on how these risks were minimised. These included risk assessments associated with moving and handling, medicines administration and the safety in people’s homes. People were involved in the planning of the risk assessments. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people’s needs.

There were sufficient numbers of care workers to meet the needs of people. People and relatives told us that there had been no instances of missed visits. One person commented, “I look forward to them coming and they always turn up.”

The registered manager and care workers told us that they felt that there were sufficient numbers of care workers to cover the visits to people. The registered manager told us that they would only accept more people to use the service

when they had sufficient numbers of care workers. During our visit we saw potential care workers arrive for interviews and to collect application forms. This told us that the service continued to recruit care workers to manage visits to people. A member of the office staff showed the rota and explained how the computerised system alerted them if any visits were not covered. Care workers and people who used the service were provided with a weekly rota.

People were protected by the service’s recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the service.

People who needed support with their medicines told us that they were happy with the arrangements. One person said, “I take my own tablets, but I take them when they are here and they write it down.” One person’s relative, “We have all my [person’s] creams here and they put them on when they are here, I look after the pills.”

People’s records provided guidance to care workers on the support people required with their medicines. Records showed that, where people required support, they were provided with their medicines when they needed them. The records were audited to check that they were appropriately completed. Where shortfalls were identified these were addressed by, for example, providing supervision and further training for care workers. A recent safeguarding issue regarding medicines administration had occurred and as a result of this appropriate actions were taken to minimise the risks of the same or similar incidents happening again.

Is the service effective?

Our findings

People and relatives told us that they felt that the care workers had the skills and knowledge that they needed to meet people's needs. One person commented, "They are well trained." One person's relative told us, "They have very good skills and are experienced. My [person] has to use the hoist and they know what they are doing when they help [person]."

Care workers told us that they were provided with the training that they needed to meet people's needs. This included an induction which consisted of formal training and shadowing more experienced care workers. There were systems in place to make sure that the training was regularly updated. This meant that the care workers were provided with up to date information on how people's needs were met.

In addition to the formal training care workers were provided with guidance in the care worker handbook and one to one supervision meetings. The handbook provided care workers with information about their roles and responsibilities, dementia, safeguarding, what they should do in an emergency and the provider's policies and procedures.

Care workers told us that they felt supported in their role and were provided with one to one supervision meetings. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback in their work practice. This told us that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively.

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. People told us that the care workers asked for their consent before they provided any care. One person said, "They ask me if I am happy with what they are doing." One person's relative commented, "When they are helping my [person] they tell [person] what they are doing and check that [person] is happy." People's records included their capacity to make decisions and they had signed their records to show that they had consented to their planned care. Where people did not have the capacity to make their own decisions there was guidance on how decisions were made in people's best interests.

Care workers had training in and understood their responsibilities under the Mental Capacity Act (MCA) 2005 and what this meant in the ways that they cared for people. Care workers were provided with further guidance on the MCA in the care worker handbook and the provider's policies and procedures. The handbook also included guidance on how people's consent for care and treatment should always be sought.

People and their relatives told us that people were cared for by a regular group of care workers to provide a consistent service. One person said, "I know them all who come to see me." One person's relative said, "They are all lovely, they are more like friends now and help me as well as my [person] tremendously."

A member of the office staff told us that they tried to make sure that people were provided with a regular group of care workers who were known to them and that people were compatible with the care workers. The office staff member showed us the rota which was on a computerised system which confirmed what we had been told.

People and their relatives told us that their care visits were not always on time, but they were usually informed if their care workers were running late. One person said, "Now and again they are a bit late, but they let me know." One person commented, "Sometimes they are a bit late, if the previous client needs some more time or they are stuck in traffic. They let me know or I can ring the office, but I always know they are coming." Another person told us, "They always come on the time that is stated in my book (care plan)." One person's relative said, "They always turn up, you can't help traffic problems, but the office will let us know if they are going to be late, we don't worry too much."

Where people required assistance they were supported to eat and drink enough and maintain a balanced diet. One person said, "The carers ask me what I have had to eat and make sure I have had enough." One person's relative told us about how their relative had problems with swallowing their food and that the care workers had made suggestions on what they could do to assist the person. They said, "We would not know what to do and they have told us things to try. They helped us get someone in to check. I would not like to do things myself in case it is the wrong thing."

People's records identified people's requirements regarding their nutrition and hydration and the actions that care workers should take if they were concerned that a person

Is the service effective?

was at risk of malnutrition or dehydration. Where people were at risk of malnutrition we saw that care workers were provided with the information that they needed to make sure that people were provided with a healthy and balanced diet. Care workers were provided with training in food hygiene and further guidance in the care workers handbook.

People were supported to maintain good health and have access to healthcare services. One person said, "If they think something is wrong they ask me if I want to see a doctor." One person's relative told us about how the care workers had called in a district nurse when they had noted the risk of a pressure ulcer developing. They said, "When they saw it they asked if they could get the nurse to come in

and have a look at it." The relative went on to say how the care workers had checked what the health professional had suggested and took this on board when assisting the person.

Care workers understood what actions they were required to take when they were concerned about people's wellbeing. Records showed that where concerns in people's wellbeing were identified health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

People told us that the care workers always treated them with respect and kindness. One person said, “They are kind, gentle and considerate. They are just great.” Another person commented, “They are all polite.” One person’s relative said, “We are always glad to see them, the ladies and gentlemen, they are all very nice.”

Care workers understood why it was important to interact with people in a caring manner and how they respected people’s privacy and dignity. Care workers knew about people’s individual needs and preferences and spoke about people in a caring and compassionate way. People’s care records identified people’s specific needs and how they were met. The records also provided guidance to care workers on people’s preferences regarding how their care was delivered. This included information about people, their history and experiences, such as their preferred form of address, their hobbies and interests, their former occupations and the names of their pets. This provided care workers with information about the individual and items they could talk about when providing care.

People told us that they felt that the care workers listened to what they said and acted upon their comments. One person said, “They do their best to make sure that what I ask for I get.” Another person commented, “They asked me what I needed help with and they are coming to do a review soon to make sure everything is up to date.” Records showed that people and, where appropriate, their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People told us that the care workers promoted and respected their independence. One person said, “If I can do something myself, they never take over.” People’s records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

Is the service responsive?

Our findings

People told us that they were involved in decision making about their care and support needs and that the service was responsive to their needs. One person said, “I am fully consulted.” Another person commented, “I am very happy indeed, if I ask for anything I am sure they would do it.” One person’s relative told us, “They are very attentive, they do what they can. They talk to us about what we want and everything is written down.” Another person’s relative said, “They are always ready to help with any suggestions, they do a grand job.” People’s records confirmed that people were involved in decision making about their care.

Care workers told us that the care plans provided them with the information that they needed to support people in the way that they preferred. People’s care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people’s diverse needs, such as how they communicated and mobilised.

Care review meetings were held which included people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. Comments received from

people in their care reviews were incorporated into their care plans where their preferences and needs had changed. People and relatives knew about their care plans and when the care reviews were planned. Changes or concerns were reported by care workers to the service’s senior team and care reviews were brought forward if needed. Where people required social interaction to reduce their feelings of isolation, this was also included in their care plans.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were provided with information about how they could raise complaints in information left in their homes. One person said, “I have no need to make a complaint, but I would soon let them know if I did.” One person’s relative said, “We did have a problem once with one of the care workers, we called the office and they did not send them again.” Another person’s relative commented, “You can phone the office if there is a problem and they deal with it.”

Records showed that people’s concerns and complaints were investigated, addressed and responses were sent to the complainants. The outcomes to the complaints investigations were used to improve the service and reduce the risks of the same or similar happening again.

Is the service well-led?

Our findings

People told us that they felt that the service was well run and that they knew who to contact if they needed to. They told us that their views about the service were sought. One person said, “They call now and then to ask if everything is going well.”

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records showed that a quality survey was undertaken in January and February 2015. The registered manager told us that they were in the process of assessing these. They were to be sent out to people who used the service and used to make improvements.

Care workers told us that they felt valued and were supported in their role. They were committed to providing a good quality service and were aware of the aims of the service. They told us that they could speak with the registered manager or senior staff when they needed to and felt that their comments were listened to. Records showed that care workers meetings were held which updated them on any changes in the service and where they could discuss the service provided and any concerns they had.

Records showed that spot checks were undertaken on care workers. These included observing care workers when they were caring for people to check that they were providing a

good quality service. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with the care worker and to plan how improvements were to be made such as further training. This was confirmed by care workers.

Discussions with the registered manager and records showed that the service had systems in place to identify where improvements were needed and took action to implement them. The registered manager told us that they were continually seeking ways to improve the service and took all incidents and complaints seriously and used these to improve the service. They felt that they were supported by senior management and the provider. The registered manager was also the area manager responsible for other branches of Better Healthcare Services and told us that they worked in the service three days a week. They told us that a branch manager would be employed to provide managerial support in their absence. The registered manager told us that they felt supported in the role and understood the provider’s values and aims to provide a good quality service to the people who used the service.

There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. Records showed that checks and audits were undertaken on records, including medicines, people’s daily records, complaints and incidents. Where shortfalls were identified action was undertaken to introduce changes to minimise the risks of similar issues reoccurring. This meant that the service continued to improve.